number of full-time equivalent students enrolled in

accredited colleges of medicine, where the total is

computed for all state statutory teaching hospitals.

The primary factor for full-time equivalent trainees is computed as the

sum of these two components, divided by two.

c.   A service index which comprises three components:

     (1)   The Agency for Health Care Administration Service Index,

computed by applying the standard Service Inventory

Scores established by the Agency for Health Care

Administration to services offered by the given hospital, as

reported on the Agency for Health Care Administration

Worksheet A-2, located in the Budget Review Section of

the Division of Health Policy and Cost Control for the last

fiscal year reported to the agency before the date on which

the allocation fraction is calculated. The numerical value of

this factor is the fraction that the given hospital represents

of the total Agency for Health Care Service Index values

where the total is computed for all state statutory teaching

hospitals;

     (2)   A volume-weighted service index, computed by applying

the standard Service Inventory Scores established by

AHCA under Rule 59E-5.503 F.A.C., to the volume of

each service, expressed in terms of the standard units

of measure reported on the Agency for Health Care

Administration Worksheet A-2 for the last fiscal year

reported to the agency before the date on which the

allocation factor is calculated. The numerical value of this

factor is the fraction that the given hospital represents of the total volume-weighted service index values, where the total is computed for all state statutory teaching hospitals;

    (3)   Total Medicaid payments to each hospital for direct inpatient and outpatient services during the fiscal year preceding the date on which the allocation factor is calculated. This includes payments made to each hospital for such services by Medicaid prepaid health plans, whether the plan was administered by the hospital or not. The numerical value of this factor is the fraction that each hospital represents of the total of such Medicaid payments, where the total is computed for all statutory teaching hospitals.

3.   The following formula shall be utilized by the department to calculate the maximum additional disproportionate share payment for statutorily defined teaching hospitals:

$$TAP = THAF \times A$$

where:

TAP = total additional payment.

THAF = teaching hospital allocation factor.

A = amount appropriated for a teaching hospital disproportionate share program.

G.   Mental Health Disproportionate Share Payments

The following formula shall be used by the agency to calculate the total amount earned for hospitals that participate in the mental health disproportionate share program:

$$DSH$$

$$TAP = \left(\frac{DSH}{TDSH}\right) \times TA$$

Where:

TAP = total additional payment for a mental health hospital

DSH = total amount earned by a mental health hospital under s. 409.911

TDSH = sum of total amount earned by each hospital that participates in the mental health hospital disproportionate share program

TA = total appropriation for the mental health disproportionate share program.

In order to receive payments under this section, a hospital must participate in the Florida Title XIX program and must:

a.   Agree to serve all individuals referred by the agency who require inpatient psychiatric services, regardless of ability to pay.

b.   Be certified or certifiable to be a provider of Title XVIII services.

c.   Receive all of its inpatient clients from admissions governed by the Baker Act as specified in chapter 394.

H.   Determination of Rural Hospital Disproportionate Share/financial assistance program. In order to receive payments under this section, a hospital must be a rural hospital as defined in s. 395.602, Florida Statutes, and must meet the following additional requirements:

a.   Agree to conform to all agency requirements to ensure high quality in the provision of services, including criteria adopted by agency rule concerning staffing ratios, medical records, standards of care, equipment, space, and such other standards and criteria as the agency deems appropriate as specified by rule.

b.   Agree to accept all patients, regardless of ability to pay, on a functional space-available basis.

c.   Agree to provide backup and referral services to the county public health units and other low-income providers within the hospital's service area, including the development of written agreements between these organizations and the hospital.

d.   For any hospital owned by a county government that is leased to a management company, agree to submit on a quarterly basis a report to the agency, in a format specified by the agency, which provides a specific accounting of how all funds dispersed under this act are spent.

(1)   The following formula shall be used by the agency to calculate the total amount earned for hospitals that participate in the rural hospital disproportionate share program or the financial assistance program:

$$TAERH = (CCD + MDD)/TPD$$

Where:

CCD = total charity care-other, plus charity care-Hill Burton. minus 50 percent of unrestricted tax revenue from local governments, and restricted funds for indigent care, divided by gross revenue per adjusted patient day; however, if CCD is less than zero, then zero shall be used for CCD

MDD = Medicaid inpatient days plus Medicaid HMO inpatient days.

TPD = total inpatient days.

TAERH = total amount earned by each rural hospital

In computing the total amount earned by each rural hospital, the agency must use the most recent actual data received by July 1 of each year and reported in accordance with s.408.061(4)(a), Florida Statutes.

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(a)   In determining the payment amount for each rural hospital under this section, the agency shall first allocate all available state funds by the following formula:

$$DAER = (TAERH \times TARH)/STAERH$$

Where:

DAER = distribution amount for each rural hospital.

STAERH = sum of total amount earned by each rural hospital.

TAERH = total amount earned by each rural hospital.

TARH = total amount appropriated or distributed under this section.

Federal matching funds for the disproportionate share program shall then be calculated for those hospitals that qualify for disproportionate share payments under this section.

(b)   For state fiscal year 1996-97 and subsequent years, the following steps shall be used to determine the rural disproportionate share payment amount for each hospital.

(1)   The agency shall first determine a preliminary payment amount for each rural hospital by allocating all available state funds using the following formula.

$$PDAER=(TAERH \times TARH)/STAERH$$

Where:

PDAER = preliminary distribution amount for each rural hospital.

TAERH = total amount earned by each rural hospital.

TARH = total amount appropriated or distributed under this section.

STAERH = sum of total amount earned by each rural hospital.

(2) Federal matching funds for the disproportionate share program shall then be calculated for those hospitals that qualify for disproportionate share in section (H)(1) above.

(3) The state funds only payment amount is then calculated for each hospital using the formula:

$$SFOER = \text{Maximum value of (1)}SFOL - PDAER \text{ or (2) } 0$$

Where:

SFOER = state funds only payment amount for each rural hospital

SFOL = state funds only payment level, which is set at 4% of TARH.

(4) The adjusted total amount allocated to the rural disproportionate share program shall then be calculated using the following formula:

$$ATARH = (TARH - SSFOER)$$

Where:

ATARH = adjusted total amount appropriated or distributed under this section

SSFOER = Sum of the state funds only payment amount (H)(3) for all rural hospitals.

(5) The determination of the amount of rural DSH funds is calculated by the following formula:

$$TDAERH = ((TAERH \times ATARH)/STAERH)$$

Where:

TDAERH = total distribution amount for each rural hospital.

(6) Federal matching funds for the disproportionate share program shall then be calculated for those hospitals that qualify for disproportionate share in section (H)(5) above.

(7) State funds only payment amounts (H)(3) are then added to the results of (H)(6) to determine the total distribution amount for each rural hospital.

TDAERH = (TDAERH + SFOER)

I. Determination of Disproportionate Share Payments for Specialty Hospitals

1. The following formula shall be used by the agency to calculate the total amount available for hospitals that participate in the specialty hospital disproportionate share program:

$$TAE=(MD/TMD) \times TA$$

Where:

TAE=total amount earned by a specialty hospital.

TA=total appropriation for payments to hospitals that qualify under this program.

MD=total Medicaid days for each qualifying hospital.

TMD=total Medicaid days for all hospitals that qualify under this program.

2. In order to receive payments under this section, a hospital must be licensed in accordance with part I of chapter 395, participate in the Florida Title XIX program, and meet the following requirements:

a. Be certified or certifiable to be a provider of Title XVIII services.

b. Receive all of its inpatient clients through referrals or admissions from county public health departments, as defined in chapter 154.

c.   Require a diagnosis for the control of a communicable disease for

all admissions for inpatient treatment.

J.   Determination of Primary Care Disproportionate Share Payments

1.   Disproportionate Share Hospitals that qualify under V.D. above

for regular disproportionate share hospital payments and meet

all of the following requirements shall qualify for payments under

the primary care disproportionate share program.

a.   Agree to cooperate with a Medicaid prepaid health plan,

if one exists in the community.

b.   Agree to ensure the availability of primary and

specialty care physicians to Medicaid recipients

who are not enrolled in a prepaid capitated arrangement

and who are in need of access to such physicians.

c.   Agree to coordinate and provide primary care services

free of charge, except copayments, to all persons with

incomes up to 100 percent of the federal poverty level, and

to provide such services based on a sliding fee scale to

all persons with incomes up to 200 percent of the federal

poverty level, except that eligibility may be limited to

persons who reside within a more limited area, as agreed

to by the agency and the hospital.

d.   Agree to contract with any federally qualified health center,

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if one exists within the agreed geopolitical boundaries,

concerning the provision of primary care services, in order

to guarantee delivery of services in a nonduplicative

fashion, and to provide for referral arrangements, privileges,

and admissions, as appropriate. The hospital shall agree to

provide at an onsite or offsite facility, primary care services

within 24 hours to which all Medicaid recipients and

persons eligible under this paragraph who do not require

emergency room services are referred during normal

daylight hours.

e.   Agree to cooperate with the agency, the county, and

other entities to ensure the provision of certain public

health services, case management, referral and acceptance

of patients, and sharing of epidemiological data, as the

agency and the hospital find mutually necessary and

desirable to promote and protect the public health

within the agreed geopolitical boundaries.

f.   Agree to, in cooperation with the county in which the

hospital resides, develop a low-cost, outpatient, prepaid

health care program to persons who are not eligible for

the Medicaid program, and who reside within the area.

g.   Agree to provide inpatient services to residents within

the area who are not eligible for Medicaid or Medicare,

and who do not have private health insurance, regardless of

ability to pay, on the basis of available space, except that

nothing shall prevent the hospital from establishing bill

collection programs based on ability to pay.

h. Agree to work with the Florida Healthy Kids Corporation,

the Florida Health Care Purchasing Cooperative, the

Florida Health Access Corporation, and business health

coalitions, as appropriate, to develop a feasibility

study and plan to provide a low-cost comprehensive

health insurance plan to persons who reside within the

area and who do not have access to such a plan.

i. Agree to work with public health officials and other

experts to provide community health education and

prevention activities designed to promote healthy

lifestyles and appropriate use of health services.

j. Agree to work with the local health council to develop

a plan for promoting access to affordable health care

services for all persons who reside within the area,

including, but not limited to, public health services, primary

care services, inpatient services, and affordable health

insurance generally.

2. Any hospital that fails to comply with any of the provisions of this